AFFIDAVIT IN SUPPORT OF APPLICATION TO PROCEED IN FORMA PAUPERIS*

I, <u>Baymond E. Blake</u> , being first duly sworn, depose and say
that I am the <u>Retitioner</u> in the above-captioned case; in support of my
motion to proceed without paying Court fees and costs, or give security therefor,
state:
My date of birth is: $9-9-80$ DEC - 3 2007
My current address is: U.S. DISTRICT COURT DISTRICT OF DELAWARE
SVOP
23207 Dupont Blvd. George town, DE. 19947
Because of my financial situation, I am unable to pay the costs of this
proceeding or give security therefor. In support of that statement, I supply the
following information:
1. Nature of claim or defense is: I'm incarcerated and I
don't work or have any means of financial
2. Presently employed?
Yes No

^{*} All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed in forma pauperis.

3. If "Yes", state:



(a) Name and address of employer:



(b) How often paid:



(c) Take home pay per pay period:



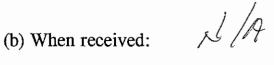
- 4. If "No", state:
 - (a) Name and address of last employer:
 - NA (b) Date of last employment:
- 5. State whether you have received any income (dividends, rent, savings interest, etc.), gifts, such as stocks, bonds or cash, from any source in the last twelve months.

Yes	No

- 6. If "Yes", state:
 - (a) Amount of income or gift, or its value:

NIA

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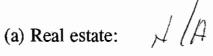
(c) From whom or what received:



(d) Whether regular or one time: \mathcal{N}/\mathcal{A}



7. List all property owned, whether held in your name alone or jointly with anyone else:



(b) Personal property (stocks, bonds, bank accounts, vehicles):



(c) Name and address of and relationship to any joint owner, designating which property is jointly owned and name of joint owner:



8. If you have a spouse, state:

(a) Amount of any income received:

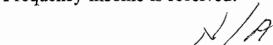


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(b) Source

AL/A

(c) Frequency income is received:



- 9. If a prisoner, attach Department of Correction certified statement of your inmate account. The summary of your inmate account shall contain all account activity for the 6-month period immediately preceding the filing of the complaint, or for the entire time you have been incarcerated, whichever time is less.
 - 10. If a prisoner, provide the following requested information.
- (a) At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court of this State?
- (b) If the answer to (a) was yes, identify the court(s) and provide the civil action(s) or appeal number(s) for each case. The District Courts

 I don't know my case # OFF hand as of Now

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- (c) If the answer to (a) above was yes, state the outcome of each action still in progress or appeal.
- 11. If you are a prisoner and your complaint relates to a condition of confinement, you must have fully exhausted all administrative remedies available through the institutional grievance procedure. If you have not fully exhausted your administrative remedies, do not file the complaint in this matter or the motion to proceed in forma pauperis.

If this condition applies to you, state whether you have exhausted all yes I've exhausted all remedies administrative remedies.

If you have fully exhausted all administrative remedies, attach copies of all Alright decisions in the administrative process.

- 12. If not listed above, state:
 - (a) Amount of any cash held (whether or not in a bank)

NA

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(b) Bank accounts, listing bank, account number(s) and current

balance(s).



13. Itemize debts and regular monthly expenses:

14. List names and addresses of any dependents:

J. B. - Daughter

Q. G. - SON

B. - Brother

claudia Brittingham - Grandmother

I, Raymond E. Blake, swear or affirm that the aboveinformation is true and correct and is made under penalty of perjury.

DATED: 1-26-07

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November, 2007.

Yaymond C. Bloke

I understand that if the Court directs that I pay certain fees and court costs but dismisses my complaint or claim, the Court keeps power over me until all costs and fees are paid.

SWORN TO AND SUBSCRIBED before me this ______ day of

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INMATE ACCOUNT STATEMENT

RAYMOND BLAKE 2-Nov-07 NAME SCCC ADMIT DATE 377092 DATE RELEASED

DATE	DEPOSITS	Type of Deposit	DISBURSE MENT	Type of Disburs.		BALANCE
	\$0.00		\$0.00			\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
	\$0.00		\$0.00		\$0.00	\$0.00
TOTAL	\$0.00		\$0.00			\$0.00

\$0.00

SBI#

OPENING BALANCE

\$0.00

ACCOUNT BALANCE

TYPE OF DISBURSMENTS

R/B room/board owed from previous visits to SWRU

MED = Visits to medical

TRANS = transportation owed from previous visits Pay to's submitted thru business office P2 =

Dollar General/commissary DG = Transfers to Other Institutions TRANSF

SP. COURT Superior Court

TYPE OF DEPOSITS

money orders received outside of institution M/O =

booking and receiving B/R =

CK = checks

CASH

I/W =inmate wages

REQUEST FORM FOR INMATE ACCOUNT ACTIVITY STATEMENT

Inmate Name: (Last)	(First)	(M.I.)	SBI Number:_	<u> </u>
Housing Unit:	#9			
		• • • • • • • • • • •	• • • • • • • • • • •	
In accordance with E summary of my acco		ocedure 5.4 entitled	l "In Forma Paupe	ris", please provide a
Inmate Signature			Repuly Motary	Petro
complete.			after staff verifies y	your legal documents are
Date received by bus	siness office: ////	6107.		•
				Section 10
TO: Inmate Name SBI Number Housing Uni	e: <u>Blgke</u> er: <u>37709</u>	RACCOUNT ST RAYMO (First)	ratement nd E. (M.I.)	
FR: Inmate Acco	ount Technician			
DA: 11/10/07				
RE: Summary Of	Account	•••••	•••••	• • • • • • • • • • • • • • • • • • • •
Attached is your accethrough	ount statement for th	e six month period	of,	
Utilizing the calculate period is \$Attachment	ion formula describe	ed in BOP Procedu	re 5.4, your averag	ge daily balance for this